

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="margin: 0;">09/8/4593</p> </div> <div style="width: 35%;"> <p style="margin: 0;">FILING DATE</p> </div> </div>						
<p style="margin: 0;">MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p>						
APPLICANT(S)						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8	1					
9		1				
10						
11						
12		14				
13		4				
14						
15		71				
16		7				
17	1					
18	1					
19		1				
20						
21		71				
22		17				
23		7				
24		7				
25	1					
26						
27						
28						
29		1				
30		1				
31						
32						
33						
34						
35	+	1				
36		1				
37						
38	+	1				
39						
40						
41		1				
42						
43						
44	+	1				
45						
46						
47	1					
48		1				
49	+					
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51												
52												
53												
54												
55												
56	1											
57		1										
58		1										
59		71										
60		1										
61		1										
62		1										
63		1										
64		1										
65		1										
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.	9											
TOTAL DEP.	21											
TOTAL CLAIMS	30											

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52	X	X	X	X		
3	X	X	X	X			53	X	X	X	X		
4	X	X	X	X			54		/		/		
5	X	X	X	X			55	X	X	X	X		
6	X	X	X	X			56	/		/			
7	X	X	X	X			57		/		/		
8	/		/				58		/		/		
9		/		/			59		/		/		
10	X	X	X	X			60		/		/		
11	X	X	X	X			61		/		/		
12		/		/			62		/		/		
13	X	X	X	X			63	X	X	X	X		
14	X	X	X	X			64	X	X	X	X		
15		/		/			65		/		/		
16	X	X	X	X			66		/		/		
17	/		/				67		/		/		
18	/		/				68		/		/		
19		/		/			69		/		/		
20	X	X	X	X			70		/		/		
21		/		/			71		/		/		
22		/		/			72		/		/		
23	X	X	X	X			73		/		/		
24	X	X	X	X			74		/		/		
25	/		/				75		/		/		
26	X	X	X	X			76		/		/		
27	X	X	X	X			77		/		/		
28	X	X	X	X			78		/		/		
29		/		/			79			2			
30		/		/			80						
31	X	X	X	X			81						
32	X	X	X	X			82						
33	X	X	X	X			83						
34	X	X	X	X			84						
35		/		/			85						
36		/		/			86						
37	X	X	X	X			87						
38		/		/			88						
39	X	X	X	X			89						
40	X	X	X	X			90						
41		/		/			91						
42	X	X	X	X			92						
43	X	X	X	X			93						
44		/		/			94						
45	X	X	X	X			95						
46	X	X	X	X			96						
47	/		/				97						
48		/		/			98						
49	X	X	X	X			99						
50		/		/			100						
TOTAL IND.		↓		↓			TOTAL IND.	7	↓	7	↓		
TOTAL DEP.		←		←			TOTAL DEP.	25	←	40	←		
TOTAL CLAIMS							TOTAL CLAIMS	32		47			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS